

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2000 8:00 am**  
**Secretary of State**

07-17-2000 90003 014 \*\*\*550.00

**DOCUMENT # V00608**

1. Entity Name

**TREE CAPITAL LAND DEVELOPMENT, INC.** ✓

Principal Place of Business

PO BOX 913  
 PERRY FL 32348

Mailing Address

PO BOX 913  
 PERRY FL 32348

2. Principal Place of Business

2721 Hwy 98 West

3. Mailing Address

Suite, Apt. #, etc.

City & State

Perry, FL

City & State

DEPARTMENT

4. FEI Number

59-3101600

Applied For

Not Applicable

Zip

32348

Country

USA

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HUNT, CYNTHIA M  
 RT 2 BOX 292  
 PERRY FL 32347

7. Name and Address of New Registered Agent

Name Hunt, Cynthia M.  
 Street Address (P.O. Box Number is Not Acceptable)  
10793 Josh Ezell Grade  
 City Perry **FL** Zip Code 32348

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Cynthia M Hunt Sect/Treas 7/7/2000  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PDV	<input type="checkbox"/> Delete
NAME	MANGUM, LINDA M.	
STREET ADDRESS	RT. 2, BOX 293	
CITY-ST-ZIP	PERRY FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HUNT, CYNTHIA M.	
STREET ADDRESS	RT. 2, BOX 292	
CITY-ST-ZIP	PERRY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Pres, V. Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mangum, Linda M.	
STREET ADDRESS	11188 Josh Ezell Grade	
CITY-ST-ZIP	Perry, FL 32348	
TITLE	Sect., Treas.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hunt, Cynthia M.	
STREET ADDRESS	10793 Josh Ezell Grade	
CITY-ST-ZIP	Perry, FL 32348	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cynthia M Hunt 7/7/2000 850-584-2951  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #